

CLAIM AMENDMENTS

1. (currently amended) A fenestrated asymmetric intracardiac device for the completion of total cavopulmonary anastomosis through cardiac catheterization, characterized for having the device comprising a bifurcated tubular conduct, which is conduit formed by a first inferior lower section and a second superior upper section, being both sections one after the other, according to a same centered on and extending a common warped axis, axial ace in the space form by a conduit section. the first section [[is]] being a tubular mesh [[,]] covered at least in some parts [[of it]] by an impermeable polymer with a curvature between 35°-45°. This first section in its inferior and having a lower end of has a transversal section, substantially circular [[,]] cross-sectional shape with a diameter between 16-20 mm and

an, while in the superior upper end of this first section, it has a transversal section having a progressively crushed flattened and [[with]] a substantially oval cross-sectional shape, the upper end and lower end both being the transversal sections along the quoted axes which of substantially [[has]] the same cross-sectional area along their full axial lengths, [[;]] the lateral of this first section having a wall formed with presents at least one closable [[a]] fenestration selectively closure, which communicates that connects an communicates the

interior of [[that]] the conduit with the exterior, of it. This first inferior section is continued by

the second superior upper section , which has being a tubular mesh covered [[with,]] at least in some parts, partially by an impermeable polymeric material and transversal sections, along the warped axis, growing having a cross-sectional shape that is oval up to get and tapers upward to a diameter of smaller than the ellipse, between 10-13 mm . The transversal sections are substantially equal in area. After reaching this , the second section bifurcating upward into , the diameter section smaller than 10-13 mm, this section bifurcates in two branches , being one of these branches which is longer than the other, extends along the warped axis, and the transversal sections is of substantially circular and uniform cross-sectional shape, equal in area. When this second section reaches the smallest area section (10-13 mm), it bifurcates in two branches, being one of these branches longer and the transversal sections substantially circular with a diameter between 10-13 mm and prolonging the warped axis, while the other branch is projected into being formed a short appendix laterally projecting extension of transversal section which is circular [[,]] cross-sectional shape with a diameter between 10-13 mm and obliquely divergent, the branches forming with the longest longitude major branch conduit a distorted "Y" whose branches are directed backwards. Each of these branches has, each branch having a mesh of thread , which are partially covered by an impermeable polymeric material and they form a unique body being formed

unitarily with the second superior upper section, [[being]] the section longitude conduit being between 60-75 mm long overall, the one branch being, while the longest branch of the second portion is between 18-25 mm long, and the longitude of the short bifurcated appendix is other branch being between 4-8 mm long,

the short branch having a ; defining the short appendix in its bifurcation with regard to the major longitude branch of the wall that [[faces]] intercepts between 50%-70% of blood which runs flowing up through the area projected by the tubular conduct conduit from its inferior lower end [[. The]] , the first section inferior lower end determines a being constructed for connection with the inferior a lower vena cava and [[the]] a hepatic vena , being this with the upper and lower sections of the tubular conduct conduit , which is formed by the primary and secondary sections, lodged inside the right atrium, while the major longitude section of the bifurcation is one branch being tightly lodged inside [[the]] a left pulmonary artery , setting a close relation with the inner walls and forming an obstruction with regard to [[the]] a main pulmonary artery , [[while]] the other branch of the minor longitude bifurcation lodges the origin being lodged at a base of [[the]] a right pulmonary artery.

2. (currently amended) The fenestrated asymmetric intracardiac device [[,]] according to claim 1, state this device is characterized [[by a]] in that the first inferior lower section and [[a]] the second superior upper section , which form a unique

one-piece tubular body made [[,]] at least [[,]] partially of a series of threads forming a mesh.

3. (currently amended) The fenestrated asymmetric intracardiac device [[,]] according to claim 1, this device is characterized [[by a]] in that the first inferior lower section, [[which]] has a mesh span. This mesh span part that is independent of and that can telescope in the second superior upper section, being this the first section being axially deployable and it can be set into settable in the second section, whereby the first section is of variable length defining a tubular body, whose longitude can vary selectively.

4. (currently amended) The fenestrated symmetric intracardiac device [[,]] according to what is stated in claims claim 1 ,2 and 3, this device is characterized [[by a]] in that the first inferior lower section , which has a mesh made of more resistant filaments than the second section , determining a so that first inferior lower section is of less flexibility with respect to than the second superior upper section.

5. (currently amended) The fenestrated asymmetric intracardiac device [[,]] according to what is stated in claims claim 1 , 2, 3 and 4, this device is characterized [[by]] in that the inferior lower end of [[this]] first section , which has a mesh structure without polymeric cover and , defining a tubular end,

which is permeable by the blood flow that [[runs]] flows up through the inferior from a lower vena cava and [[the]] hepatic vena.

6. (currently amended) The fenestrated asymmetric intracardiac device [[,]] according to claim 1, this device is characterized by a major longitude in that the one branch of the bifurcation, which is formed by a mesh made of threads, which are covered by an impermeable polymeric material. This, the one branch [[forms]] forming with the second superior upper section a tubular wall, which is impermeable to blood flow, [[while]] the other branch of this bifurcation is not being covered by the impermeable material, it forms a short and being permeable and when the blood flows.

7. (currently amended) The fenestrated asymmetric intracardiac device [[,]] according to what is stated in claims claim 1, 2, 3, 4, 5 and 6, this device is characterized [by] in that an elastically deformable mesh material which defines its sections. This mesh is made of linked metallic threads at least partially covered by polytetrafluoroethylene, forming a deformed mesh, which can acquire its forms all of the device original shape and dimensions when its deforming action is released. The impermeable polymeric material is the polytetrafluoroethylene (PTFE).